

SBE Annual Update Form and Affidavit

Please Note: This affidavit is for SBEs ONLY. If you are an M/W/PDBE or DBE you must fill out the M/W/PDBE or DBE Annual Update form. If you fail to provide this form and affidavit with supporting documentation in a timely manner, you will be deemed to have failed to cooperate with the required annual update process to maintain certification eligibility.

| 1. | Name of Firm: | | | | | | |
|-----|---------------------------|---|--------------------|-----------------|----------|--|--|
| 2. | Owners Full Name: | | | | | | |
| 3. | Telephone Number: | Fax Number: | | | | | |
| 4. | Business Address: | | | | | | |
| | | Street Number | City | State | Zip Code | | |
| 5. | Mailing Address: | | | | | | |
| | - | Street Number | City | State | Zip Code | | |
| 7. | If yes, please explain an | □ NO □ d provide documentation re loyees: Full Time | | art Time | Contract | | |
| 8. | | | | | | | |
| 9. | Company Income Tax Io | dentification Number: | | | | | |
| 10. | E-mail Address: | | Internet Web Pag | ge/URL Address: | | | |
| 11. | Have you included you | Income Tax Forms from the | e previous year? Y | ES NO | | | |

Affidavit

| I hereby declare and affirm that I am the owner | er of | whose address is |
|--|---------------------------|--|
| | (Name of | |
| | · | declare and affirm that there have been |
| (Street, City, State and Zip Code) | · · | |
| no changes in the circumstances of | | affecting its ability to meet the. |
| (1) | Name of Firm) | arreating its ability to inject the, |
| requirement of the City of Houston's SBE prog | • | no material changes in the information |
| provided witha | pplication for certificat | tion, except for any changes about which |
| (Name of Affiant/Owner) | | |
| you have provided written notice to the City of | of Houston | meets |
| | | (Name of Firm) |
| Small Business Administration (SBA) criteria fo | or being a small busines | ss concern and its average annual gross |
| receipts (as defined by SBA rules) over the firm for my classification. | _ | |
| employees. I do solemnly declare and affirm under the pe true and correct, and that I am the owner of the solution of the sol | | e contents of the foregoing document are |
| (Date) | | (Affiant/Owner) |
| State of County of C | City of | |
| On this day of | 20 hoforo mo | tho |
| On thisday of, and undersigned officer, personally appeared | 20, before file, | , tile |
| | | |
| the person described in the foregoing Affidavi | | • |
| of sound mind, capable of making this Affidavi | • | <u> </u> |
| he/she executed the same in the capacity the | rein states and for the | purpose therein contained. |
| I witness thereof, I hereunto set my hand and | official seal. | |
| | | |
| (1 | Notary Public) | (Seal) |

Please return this original form, retaining a copy for your records.